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CONFIRMATION NO. 4537

<b>SERIAL NUMBER</b> 10/533,568	<b>FILING OR 371(c) DATE</b> 01/05/2006 <b>RULE</b>	<b>CLASS</b> 250	<b>GROUP ART UNIT</b> 2878	<b>ATTORNEY DOCKET NO.</b> 29684
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**APPLICANTS**  
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 Yoel Zilberstein, Haifa, ISRAEL;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/IL03/00917 11/04/2003 which claims benefit of 60/423,359 11/04/2002 and is a CIP of 10/616,307 07/10/2003 which is a CIP of 10/343,792 02/04/2003 \* which is a 371 of PCT/IL01/00638 07/11/2001 which is a CIP of 09/727,464 12/04/2000 which is a CIP of 09/714,164 11/17/2000 ABN which is a CIP of 09/641,973 08/21/2000 and said 10/616,307 07/10/2003 claims benefit of 60/394,936 07/11/2002 and said PCT/IL03/00917 11/04/2003 is a CIP of 10/616,301 07/10/2003 which is a CIP of 10/240,239 09/30/2002 \* which is a 371 of PCT/IL02/00057 01/22/2002 which is a CIP of 09/765,316 01/22/2001 ABN and said 10/616,301 07/10/2003 claims benefit of 60/394,936 07/11/2002  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 45	<b>INDEPENDENT CLAIMS</b> 7	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

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**TITLE**  
 Apparatus and methods for imaging and attenuation correction

☐ All Fees

<p><b>FILING FEE RECEIVED</b> 1390</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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